

FORM BCR

BUYER'S CLAIM FOR REFUND OF WISCONSIN STATE, COUNTY AND STADIUM SALES TAXES

INSTRUCTIONS: A buyer may use this form to request a refund from the Wisconsin Department of Revenue of state, county and stadium (baseball and football) sales tax paid in error to a seller, if the claim for refund of sales tax totals \$50 or more, or the claim for refund of sales tax totals less than \$50 and one or more of the following conditions apply:

- The seller has ceased business operations,
- The buyer is being field audited, or
- The periods covered in the claim for refund are within the statute of limitations for the buyer and are closed to the seller.

CAUTION – Do not use this form:

- To claim a refund of tax you paid directly to the Wisconsin Department of Revenue.
- If the claim for refund totals less than \$50 of sales tax, and none of the above conditions apply. In this case, the buyer must request the refund from the seller.

Attach a separate **Schedule P** to this form for each seller to whom you paid Wisconsin sales tax in error and include on line 3 below all amounts from Section 1, line 2 of all Schedule Ps attached to this form.

REFUND CLAIM INFORMATION (Buyer's Information)

Name	Federal I.D. Number (FEIN) / Social Security No.	
Address	Wisconsin Sales/Use Tax Account Number	
City	State	Zip
Telephone Number () –	Best Time to Call (Weekdays, Daytime Hours)	
1. Period covered by this refund claim: From: _____ To: _____		
2. Number of Schedule P(s) attached _____		
3. Total amount of refund requested \$ _____ (This total should equal the sum of all amounts entered on line 2 of all Schedule Ps attached.)		
<i>Under penalties of law, I declare that the amount of sales tax for which I am submitting this claim for refund has NOT been refunded or credited to me by the department or by the seller to whom the tax was previously paid. I will immediately send payment for any such duplicate refund to the Wisconsin Department of Revenue, PO Box 8902, Madison, WI 53708-8902.</i>		
Print Your Name	Title	
Signature of Claimant (Buyer)	Date	

Please mail your refund claim to:

Wisconsin Department of Revenue
Sales Tax Refund Request
Mail Stop 5-144
P.O. Box 8906
Madison, WI 53708-8906

Questions:

Telephone: (608) 266-2776
TDD: (608) 267-1049
FAX: (608) 267-0834
Website: www.dor.state.wi.us
E-mail: sales10@dor.state.wi.us